

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Health Coalition on Liability and Access**(b) Address (number and street) ☐ check if different than previously reported  
PO Box 78096

(c) City, State and ZIP Code

Washington

DC

20013-8096

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

**2. FEC Identification Number****C** C30002125**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y  
10 / 26 / 2012

through

M M M / D D D / Y Y Y Y Y  
10 / 30 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y  
10 / 30 / 2012**(b) Communication Title** HCLA Berg**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Michael C. Stinson

(b) Address (number and street)

2275 Research Boulevard, Ste. 250

(c) City, State and ZIP Code

Rockville

MD

20850

(d) Name of Employer or Principal Place of Business

Physician Insurers Assn. of America

(e) Occupation

Dir. of Gov't Relations

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 23482.13

Under penalty of perjury, I certify that this statement is true, correct and complete.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**Michael C. Stinson**SIGNATURE**Michael C. Stinson**[Electronically Filed]****DATE**10/31/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.